

Low Hanging Fruit for Improving Health Outcomes and Reducing Costs in Georgia

Some Recommendations for the State's Next Governor

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Based on factors like fiscal soundness, growth in investment capital and infrastructure, and workforce capabilities, recent surveys have ranked Georgia [as a top state for business](#). Conspicuously absent from these survey criteria has been the state's relatively poor standing in terms of health, a key driver of [productivity](#) that has been [linked to business financial performance](#). Because our health standing is at such odds with this business designation, new action to improve health and reduce health costs represents not only a moral imperative but also an enormous economic development opportunity for our next governor. Registering breakthroughs in the near term will be a key to establishing momentum. Below are some recommendations that serve this objective.

The Opportunity

Georgia's per capita health spending [ranks 48th](#) when compared with the other states and D.C. even as it remains quite high in the larger context, exceeding the [per capita spending of all non-U.S. countries except Switzerland](#). The effects on health have been commensurate. In 2017, the United Health Foundation, focusing on criteria like premature deaths, preventable hospitalizations, and children in poverty, ranked Georgia [in the lowest quintile \(41st\)](#). Particularly distressing are documented underlying health disparities. [Differences of up to 13 years](#) in average length of life expectancy at birth, for example, have been reported across zip codes in Atlanta.

Achieving real improvement on these metrics will require extensive effort. Well-done employer case studies report that as many as [five](#) years may be needed. The recommendations that follow collectively span access, quality of care/outcomes, prevention and cost dimensions as well as stakeholder performance, accountability and transparency. While the political lay of the land may dictate sequence, the next governor should endeavor to make major strides on each dimension in the first six months in office. "Quick-hit" successes on each will help to manage the sensitivities that will arise, even in Georgia's comparatively favorable cost environment.

Recommendations

1. Pursue Medicaid Expansion untethered to Work Requirements

Georgia is one of 14 states that has [yet to either expand Medicaid per ACA guidelines or at least consider it](#) (as of 7/3/18, 33 have adopted and 3 are considering it). It has foregone an estimated [\\$12.5 billion](#) in federal funds in the process. Four of the top five AHR states, it can be noted, have expanded Medicaid and the fifth is considering it. Four of the five bottom-ranked states, on the other hand, have not expanded. Opposition has been fueled by the perception that such expansion will fail in its objectives and lead to eventual uncontrollable state cost obligations. But, the lure of the federal dollars remains. To ease access in a way that may be more palatable politically, CMS has said it is willing to support work requirement waivers. Although now under lawmaker consideration, Georgia has [yet to apply for one](#).

Medicaid exists by statutory authority to serve the health and wellness needs of the U.S.'s vulnerable and low-income population. At a projected increase in the state budget of \$243 million, which would be largely offset by savings in other areas like uncompensated care, [full Medicaid expansion would result in 473,000 newly insured Georgians](#). It is the single biggest step the state can take to improve access. Moreover, a [recent review](#) has linked Medicaid expansion to increases in coverage, service use, quality of care and spending (almost all covered by the federal component) with virtually no indication of negative consequences (e.g., increased waiting times). This evidence, it can be noted, accumulated prior to the current debate over work requirements, the latest development of which has been [the recent denial of Kentucky's application for a waiver](#). Absent new evidence clarifying the impact of work requirements on loss of Medicaid coverage and documenting that this provision will improve enrollee health (the two reasons cited for this denial), the next governor should consider rapidly pursuing expansion and decoupling it with a work requirement waiver.

2. *Press for Increased Provider Participation in Medicaid*

Surveys by the CDC's National Center for Health Statistics have been used to estimate physician acceptance of new patients by payment type. In 2013 while 85% and 84% of office-based physicians nationally accepted new patients with private insurance and Medicare, respectively, only 69% accepted new patients with Medicaid. In Georgia, [72% of office-based physicians accepted Medicaid](#), 3% above the national average. In 2015, while the percent of physicians accepting Medicaid at the national level stayed at comparable levels, Georgia [dropped 15 points to 57%](#), 12% below the national average and the fourth lowest state percentage.

While caution should be exercised in placing too much stock in the pinpoint accuracy of these estimates, they paint a landscape wherein Georgia's numbers are cause for concern. The primary intent of Medicaid expansion – to widen access to timely and appropriate ambulatory care to help patients to prevent illness, control acute episodes, and manage chronic conditions -- will not be met if the supply of physicians to meet the increase in demand that will result is inadequate. Other research has linked physician acceptance to [low reimbursement rates, delayed payment and billing requirements, and greater clinical burden](#) due to more health needs and difficulties accessing specialty care. Targeting these factors in a new initiative focused on increasing physician acceptance of Medicaid patients should be a high priority for the next administration.

3. *Intensify Efforts to Cultivate Healthier Lifestyles*

A range of behaviors is impairing functioning and well-being across the population health continuum in GA; e.g., lack of exercise, poor nutrition, stubbornly entrenched tobacco use, isolation and loneliness, and inadequate sleep. No demographic, SES, racial, or clinical group is being spared. The state's high prevalence on these behaviors has, in turn, helped to fuel a wide range of initiatives that have as a major objective the cultivation of healthier lifestyles. Key organizations in the private, public and not-for-profit sectors have become involved, each focusing on its own sphere. In Atlanta alone, Delta Airline's [nationally recognized approach](#) for promoting a culture of wellness, the [2016-2019 Strategic Plan](#) adopted by the Fulton County by Board of Commissioners, and various [activities focusing on social determinants of health](#) that the Atlanta Regional Collaborative for Health Improvement has in development, are just a few examples.

In 2016, the Georgia Department of Public Health and Governor Deal began a [new campaign](#) that has much potential for bringing new cohesion, coordination and enhanced effectiveness to these efforts and for expanding their collective reach to the state level. This campaign is seeking to promote a healthier workforce, improve public health programs and support chronic condition self-management. Among its achievements to date is the [DPH Work Healthy Georgia Toolkit](#), a playbook incorporating key lessons that employers have learned in their work to improve employee health and productivity.

This campaign and its work to build on the employer experience offers an excellent launching pad for improving health across the state. Priority should be given to supporting DPH efforts to accelerate use of its playbook in workplaces statewide and to putting metrics in place for continuous refinement of its approach. Beyond this, HERO's work on [Healthy Workplaces, Healthy Communities](#) offers a cutting-edge network and best practice laboratory for broadening beyond the employer base to multi-stakeholder community partnerships. Priority should likewise be given to connecting with this network and adapting this model.

In this context, a new "all-in" statewide campaign to reduce the prevalence of a high profile, modifiable behaviors that span the full spectrum of lifestyle risks to physical, mental and social health is needed. Targeting lack of exercise would be an excellent way to begin down this path. Using tools such as incentives, competitions, highly visible leadership commitments, leading employers have made significant inroads in improving workforce physical exercise regimens. Other stakeholder groups in the private, public and not-for-profit sectors can no doubt bring needed perspectives, resources and expertise to the table. Exerting the imprimatur and convening power of the governor's office to spearhead such an effort merits consideration.

4. *Partner with the CDC on Diabetes and the Opioid Crisis*

The Centers for Disease Control and Prevention has developed population-oriented resources and expertise for combating diagnosed and pre-diagnosed conditions that are second to none. While its recent success in tackling the zika outbreak in Western Africa received much international acclaim, it also has in-house much capacity for tackling health conditions that have become major public health concerns here in Georgia.

Yet, it is not uncommon to hear questions raised about the extent to which the CDC has been proactive in supporting the implementation of its recommendations in its own backyard. Public commentary from senior CDC and CDC Foundation officials at [recent conferences](#) has acknowledged this perception and suggested a strong interest in enlarging and broadening the organization's local footprint to counteract it.

This is an opening that the next governor should press for full advantage. At the top of many observers' list of state priorities for which such a footprint is needed are the prevention, treatment and management of [diabetes](#), especially among juveniles, and [opioid abuse](#), especially among the elderly. Early in the next administration, overtures should be extended to the CDC and the CDC Foundation to explore how the full weight of the governor's office can be brought to bear to forge new collaborative undertakings and/or support existing projects to combat diabetes and opioid abuse throughout the state.

5. *"Own" the Improvement of Health in Georgia*

Health and health care have been on Governor Deal's radar screen. Concerted efforts to promote healthy lifestyle choices and disease prevention, finding new ways to attract and retain qualified providers, and expanding the state's biotech footprint – have all been [stated priorities](#). Moreover, achievements like the above Work Healthy Georgia Toolkit, for which the Governor is credited, have resulted. Yet, in 2010 when Mr. Deal first took office, Georgia's overall American health ranking was [38](#), actually better than its 2017 ranking of 41. Not too much should be read into this comparison because the study methods may have evolved. Still, there is no evidence that there has been any real improvement in Georgians' health during his tenure.

There are actions that can be taken which would amp up gubernatorial ownership of the issue. This may be the key missing ingredient. The following merit consideration:

- *Publicly acknowledge the state of health of Georgia.*
While study findings on health status in Georgia have received attention, the governor's office has yet to publicly embrace this reality with a commitment to improving it. This needs to be done.
- *Create a Health "Czar" (or equivalent) cabinet position and fill it*
Appoint a direct report whose charge is to improve the health of Georgians. This person would be responsible for mobilizing and executing strategy and reporting bottom line results.
- *Accelerate the advance of accountable care*
Support the recent emergence of [ACOs](#) and [work health centers](#) in GA. They signal a shift toward more direct provider/purchaser relationships that will spur much needed new accountability and transparency.
- *Establish a program for promoting healthy communities across the state*
Adapt a new state [model](#) that has been evolving in Wisconsin. It would recognize and encourage achievement in health improvement in GA communities as well as promote cooperation across economic development and health improvement efforts.
- *Set four-year targets for improving statewide scores on bottom line measures*
Publicly commit to efforts to improve Georgia's scores on the dimensions that comprise the America's Health Rankings [approach](#) by defined increments within a defined timeframe (e.g., four years).
- *Adopt and implement the Healthier GeorgiaSM initiative to improve health outcomes and reduce costs*
Work with key stakeholders mounting high-potential innovations to improve their role performance by helping them to shape these innovations in ways that are consistent with [value-driven population health](#).

While several of the above actions are being taken up elsewhere in higher ranked states, a number have yet to be implemented anywhere. Acting on this entire agenda could thus enable Georgia to become a national leader in this arena. Our team stands ready to support this work. Please contact Dr. Allen for more information.